

# BEST AVAILABLE COPY

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## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/030484**

FILING DATE

APPLICANT(S)

### CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/												
2		/					51						
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47							96						
48							97						
49							98						
50							99						
TOTAL IND.	2						100						
TOTAL DEP.	13						TOTAL IND.						
TOTAL CLAIMS	15						TOTAL DEP.						
							TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS